

N 9900000/342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

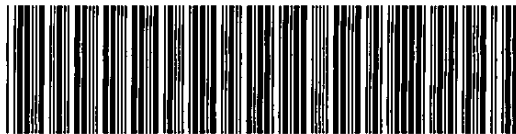
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200097248302

04/18/07--01024--025 **35.00

FILED
07 APR 18 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DUNLAP, TOOLE, SHIPMAN & WHITNEY, P.A.
LAWYERS

DAVISSON F. DUNLAP, JR.
DANA G. TOOLE
GARY A. SHIPMAN
WILLIAM E. WHITNEY

2065 THOMASVILLE ROAD, SUITE 102
TALLAHASSEE, FLORIDA 32308
PHONE: 850-385-5000
FACSIMILE: 850-385-7636

1414 COUNTY HIGHWAY 283 SOUTH, SUITE B
SANTA ROSA BEACH, FLORIDA 32459
PHONE: 850-231-3315
FACSIMILE: 850-231-5816

DAVISSON F. DUNLAP, III
DAVID H. MILAM
JAMES R. CAVES, III
KRISTIN A. GARDNER
DAVISSON F. DUNLAP, OF COUNSEL

REPLY TO: SANTA ROSA BEACH OFFICE

April 16, 2007

Florida Department of State
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: Southwind III Condominium Association, Inc.
Amendment – Registered Agent

Please find attached the Statement of Change of Registered Agent for the above referenced matter, along with a check in the amount of \$35.00 for filing of same. Please do the necessary.

Thanking you in advance, I am

Sincerely,



Charlotte Floyd
Paralegal to Gary A. Shipman

/cf
Attachments (2)

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Southwind III Condominium Association, Inc.
(Name of Corporation)

DOCUMENT NUMBER: N99000001342

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gary A. Shipman, Esquire
(Name of Contact Person)

Dunlap, Toole, Shipman & Whitney, P.A.
(Firm/Company)

1414 Co. Hwy. 283 South, Suite B
(Address)

Santa Rosa Beach, Florida 32459
(City/State and Zip Code)

For further information concerning this matter, please call:

Gary A. Shipman, Esquire at (850) 231-3315
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Southwind III Condominium Association, Inc.
2. The principal office address: 215 Grand Blvd., Suite 200, Miramar Beach, FL 32550
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 03/04/1999 Document number: N99000001342
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Terry P. Gormley

215 Grand Blvd., Suite 200

Miramar Beach, FL 32550

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Gary A. Shipman, Esquire

1414 Co. Hwy. 283 South, Suite B

(P.O. Box NOT acceptable)

Santa Rosa Beach, Florida 32459

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

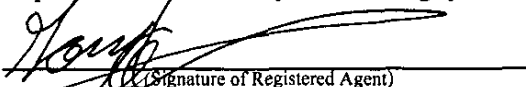
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Sam Owen, President

(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

4/13/07
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)